PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mall Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (87)-273-2885

and BURLICATION FEE (if required) Blocks I through 5 should be complete

appropriate. All further e indicated unless corrected maintenance fee notificati	orrespondence includir d below or directed oth	or transmitting the 1330 ig the Patent, advance of herwise in Block 1, by (a	rders and notification of n i) specifying a new corres	naintenance fees w pondence address;	ill be ma and/or (b	iled to the current o) indicating a sepa	correspondence address a trate "FEE ADDRESS" fo
	NCE ADDRESS (Note: Use BI	Note Fee(pape	A certificate of s s) Transmittal. Thi	mailing co s certifica paper, su	an only be used for te cannot be used for sich as an assignme	r domestic mailings of the or any other accompanying ont or formal drawing, mus	
	7590 05/02 STOMEF	R NUMBE		C	10	Malling or Trans	
					(Depositor's name		
	228					(Signature	
							(Date
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORN	EY DOCKET NO.	CONFIRMATION NO.
09/807,413	04/19/2001	1	Marco Falciani		203970US6PCT		5932
TITLE OF INVENTION SOLUTIONS OF SAID P			ORTING STERILE PRO	DUCTS IN POW	DER FO	RM AND FOR F	ORMING
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE 1	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400		\$1400	08/02/2007
EXAMI	NER	ART UNIT	CLASS-SUBCLASS				
BASICHAS, ALFRED		3749	604-408000			•	
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.53). CR 1.53). Change of correspondence address (or Change of Correspondence Address form PT/OSH27) attached. "Fee Address" indication (or "Fee Address" Indication form PT/OSH47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to or agents OR, alternation (2) the name of a single registered attorney or a	nc of a single firm (having as a member a attorney or agent) and the names of up to detent attorneys or agents. If no name is			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Lubes an assigne is identified below, no assigned take will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) ACS DOBFAR S.p.A. Tribiano, ITALY Please check the appropriate assignment causegory or categories (will not be printed on the patent): □ Individual ☑ Corporation or other private group entity □ Government.							
4a. The following fcc(s) a Issue Fee *NO Publication Fcc (No	Fees Due*	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is neclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Depoint Account Number 15_0131 (enclose an extra copy of this form).					
5. Change in Entity Status (from status indicated above) — a Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27. — b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assistences at a shown by the records of the United States Parts and Trademark Office.							
NOTE: The Issue Fee and interest as shown by the r	I Publication Fee (if req ecords of the United St	uired) will not be accepte ites Patent and Trademark	d from anyone other than to Office.	he applicant; a regi	stered atte	omey or agent; or the	he assignee or other party i
Authorized Signature	DE 1-0-0		Date	MAY	2 3 2007	***	
Typed or printed name				Registration N		leg. No. 56,	
This collection of informs an application. Confident submitting the completed this form and/or suggestion Box 1450, Alexandria, V	ation is required by 37 C iality is governed by 35 application form to the ons for reducing this bu- irginia 22313-1450. DO	CFR 1.311. The informati U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the ONOT SEND FEES OR	on is required to obtain or 1.14. This collection is est depending upon the individence Chief Information Office COMPLETED FORMS TO	etain a benefit by t timated to take 12 ridual case. Any co or, U.S. Patent and O THIS ADDRESS	he public minutes to mments o Trademar S. SEND 1	which is to file (an ecomplete, including on the amount of ti k Office, U.S. Dep FO: Commissioner	d by the USPTO to proces ng gathering, preparing, ar me you require to comple artment of Commerce, P.C for Patents, P.O. Box 1450

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.